

Booking Form



FOR OFFICE USE ONLY

Booking By:

Receipt Number:

Tour:

Departure Date:

Pick-up:

Drop-off:

Lead Passenger Details:

(Where all correspondents details will be sent)

Passenger Name:

Address:

Postcode:

Email Address:

Telephone No:

Emergency Contact Details:

Contact Name:

Telephone No:

Email Address:

Passengers Details:

As per passport, including Lead Passenger

Special Request:

| No | First Name | Surname | D. O. B. | Room Type | Meal (veg/non-Veg) | Passport No | Expiry Date | Nationality |
|----|------------|---------|----------|-----------|-----------------------|-------------|-------------|-------------|
| 1 | | | / / | | | | / / | |
| 2 | | | / / | | | | / / | |
| 3 | | | / / | | | | / / | |
| 4 | | | / / | | | | / / | |
| 5 | | | / / | | | | / / | |
| 6 | | | / / | | | | / / | |
| 7 | | | / / | | | | / / | |
| 8 | | | / / | | | | / / | |

Declaration:

Please read our Terms and Conditions before signing.

I, the signatory, accept that I, on behalf of both myself and all the other named persons on the booking form have read, understood, and accepted the terms and conditions and all other information relevant to this booking. I have the authority of all the persons named on this booking form to make the booking subject to these conditions. I agree that the personal data, which has been provided to Mantra Holidays in connection with this booking may be passed to government authorities for border control and aviation security purposes.

I am over 18 years of age and agree the cancellation policy.

Print Name:

Signature:

Date:

Please complete this form using BLOCK CAPITALS LETTERS.

Please send the completed booking form to our office address outlined below, or scan and e-mail to

info@mantraholidays.co.uk